

Department of Homeland Security  
Federal Law Enforcement Training Center  
**National Center for State and Local Law Enforcement Training**  
*Training America's Finest*

**STATE AND LOCAL TRAINING REGISTRATION REQUEST**

PROGRAM TITLE (required)

DATES OF TRAINING (required)

LOCATION OF TRAINING (required)

NAME (as you want it to appear on certificate)

SOCIAL SECURITY NUMBER

RANK/TITLE

SEX

☐

Male

☐

Female

DEPARTMENT/AGENCY NAME

AGENCY TYPE

☐

Federal

☐

State

☐

Local

☐

Other

DEPARTMENT ADDRESS

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

OFFICE TELEPHONE NUMBER

FAX TELEPHONE NUMBER

E-MAIL

(     ) \_\_\_\_\_ - \_\_\_\_\_

(     ) \_\_\_\_\_ - \_\_\_\_\_

**RETURN THIS FORM TO:**

National Center for State and Local Law Enforcement Training  
Federal Law Enforcement Training Center  
1131 Chapel Crossing Road, TH 393 Glynco, GA 31524  
Phone: 800-74FLETC or (912) 267-2345  
Fax: (912) 267-2894

**IMPORTANT INFORMATION:**

**Confirmation:** A confirmation letter with details of the training will be provided upon acceptance into the program. This form is used to REQUEST registration. Before making travel arrangements, please ensure you are actually registered in the program. Please do not remit payment, if applicable. Your agency will be billed upon program completion for any program costs.

**Private Organization:** Applicants from private organizations must be sponsored by a federal agency or a state or local law enforcement agency.

**PRIVACY ACT INFORMATION:**

**Authority:** 42 U.S.C. 4742; 5 U.S.C. 552; and F.R. 16586, March 12, 1981.

**Purpose:** Obtaining information from individuals applying to a National Center training program for student registration and program administration purposes.

**Uses:** Disclosure upon request to the individual, the individual's parent agency, to any other individual or agency at the request of the individual, to the student locator, mailroom, registration office, training and research officials, and government officials on a need-to-know basis.

**Effect of Nondisclosure:** Supplying the information is voluntary and not required by law. Disclosure of your social security number, which is solicited under authority of E.O. 9397, is voluntary, and no right, benefit or privilege by law will be denied as a result of refusal to disclose it. Not providing all or any part of the information may result in the applicant not being registered for the requested program.

**Financial Reimbursement** (This block **MUST** be completed for tuition-based programs):

The \_\_\_\_\_ agrees to reimburse the FLETC for training services provided. The FLETC will bill for the actual cost of training during the month after the program is completed. Please provide the following billing information:

Dept./Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_  
(Supervisor or Financial Manager)